

August 2, 1999

WASTE MINIMIZATION AND COMPLIANCE REPORT (RCN 10-99-904)

1. PURPOSE: The purpose of this Veterans Health Administration (VHA) Directive is to provide the format for reporting data on waste categories, volume, environmental compliance and initiatives to the Environmental Protection Agency (EPA) and identification of Veterans Integrated Service Network (VISN) opportunities in waste management. **NOTE:** *This Directive eliminates multiple reporting.*

2. BACKGROUND: The Resource Conservation and Recovery Act (RCRA) provides the authority for the establishment of a hazardous waste minimization plan. Executive Order (E.O.) 13101 requires the establishment of waste prevention, pollution prevention and recycling programs, and goals against which to measure the cost and environmental management of generated wastes. E.O. 12856 requires the submission of annual reports regarding the Emergency Planning and Community Right-to-Know Act and the Pollution Prevention Act. E.O. 12780 directs the promotion of cost-effective waste reduction and recycling activities and encourages integration within an established waste management program. VHA Policy Manual, M-I, Part VII, Chapter 14, Waste Management, defines waste categories and Program Guide 1850.1, Recycling Program, describes a model recycling program. This Directive is in consonance with the preceding regulatory requirements and the Department of Veterans Affairs (VA) commitment to promote environmentally sound practices.

3. POLICY: A VHA healthcare facility waste management officer will serve as the recycling coordinator, compiling and submitting survey data in compliance with the reporting requirements of this Directive.

4. ACTION

a. Each VHA healthcare facility waste management officer will use the attached Formats A through E to report data to VHA Headquarters.

b. The report is to be submitted through the appropriate VISN (VISN ___/181C) to VHA Headquarters, Office of Facilities Management, 810 Vermont Avenue, NW, Washington, DC 20420, or to fax number (202) 565-4283.

c. The report is to be submitted no later than October 31 of each year, i.e., the Fiscal Year (FY) 1999 report is due at close of business October 31, 1999. If no data is available to report, a negative report is required for each Format, A through E. **NOTE:** *RCN 10-99-904 is assigned to the report.*

THIS VHA DIRECTIVE EXPIRES AUGUST 31, 2004

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5. REFERENCES

- a. Solid Waste Disposal Act, Public Law (Pub. L.) 89-272
- b. RCRA)of 1976, Pub. L. 94-580
- c. EPCRA of 1986, Pub. L. 99-499 ,The Superfund Amendments and Reauthorization Act of 1986, Sections 302-304 and 311-313.
- d. Pollution Prevention Act of 1990, Pub. L. 101-453.
- e. E.O. 13101, Greening the Government Waste Through Waste Prevention, Recycling, and Federal Acquisition, September 14, 1998.
- f. E.O. 12856, Federal Compliance with Right-to-Know Laws and Pollution Prevention Requirements, August 3, 1993.
- g. E.O. 12780, Federal Agency Recycling and the Council on Federal Recycling and Procurement Policy, October 31, 1991.
- h. M-I, Part VII, Chapter 14, Waste Management, September 14, 1994.
- i. VHA Program Guide 1850.1, Recycling Program, January 28, 1998.

6. FOLLOW-UP RESPONSIBILITY: The Director, Environmental Programs Service (181C), is responsible for the content of this Directive.

7. RESCISSION: This VHA Directive expires August 31, 2004.

Thomas L. Garthwaite, M.D.
Acting Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 8/4/99
FLD: VISN, MA, DO, OC, OCRO, and 200 - FAX 8/4/99
EX: Boxes 104, 88, 63, 60, 54, 52, 47 and 44 - FAX 8/4/99

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ATTACHMENT A

FORMAT A - SOLID and REGULATED MEDICAL WASTE (RMW)

Preparer's Name: _____

Title: _____

Service: _____

Phone Number: _____ FAX #: _____

Station Number: _____ VISN Number: _____

NOTE: If additional pages are required to fully list, explain, or complete any portion of this attachment, include the Format heading and question or subpart number on each page.

Questions regarding the Fiscal Year (FY) 1999 data to be reported in Format A, are referred to Christopher Faldt, Chief, Environmental Management Service, VA Medical Center San Antonio, Phone (700) 779-5142, Fax (700) 779-5195.

1. Provide the total pounds of solid waste generated in FY 1999 and the total cost for disposal (do not include waste reported in other sections of the report, e.g., hazardous waste, radioactive, recycled or processed through incineration, etc.).

1.1. Pounds _____

1.2. Cost \$ _____

2. What method does your facility use to dispose of its solid waste (landfill, incinerate, etc.)? If multiple methods are used, list by priority of volume.

3. Do you have a current sharing agreement for solid waste and/or RMW?

Yes _____ No _____

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	<u>PARTNER</u>	<u>WASTE CATEGORY</u>	<u>POUNDS</u>	<u>COST</u>
3.1.				
3.2.				
3.3.				
3.4.				

4. Do you have a current contract for waste management?

Yes _____ No _____

	<u>CONTRACTOR</u>	<u>WASTE CATEGORY</u>	<u>POUNDS</u>	<u>COST</u>
4.1.				
4.2.				
4.3.				
4.4.				

5. Describe methods your facility uses to reduce the solid waste stream; i.e., recycling, composting, education, etc.

6. Does your facility process RMW in-house?

Yes _____ No _____

6.1. Method of Treatment _____ Equipment Brand and Model _____

Total Pounds _____ Total Cost \$ _____

6.2. Method of Treatment _____ Equipment Brand and Model _____

Total Pounds _____ Total Cost \$ _____

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ATTACHMENT B

FORMAT B - HAZARDOUS WASTE

Preparer's Name: _____

Title: _____

Service: _____

Phone Number: _____ FAX #: _____

Station Number: _____ VISN Number: _____

NOTE: If additional pages are required to fully list, explain, or complete any portion of this attachment, include the Format heading and question or subpart number on each page.

Questions regarding the Fiscal Year (FY) 1999 data to be reported in Format B, are referred to Greg Winters, Industrial Hygienist, Environmental Programs Service (181C), Phone (202) 565-8525, Fax (202) 565-4283.

1. Provide the name, position, and title of the Emergency Response Coordinator (ERC) for your facility.

2. List Environmental Protection Agency (EPA) designated extremely hazardous substances on-site at any time (at or above the Threshold Planning Quantity) during FY 1999 and amount of chemicals involved.

<u>CHEMICAL</u>	<u>QUANTITY-POUNDS</u>
2.1. _____	_____
2.2. _____	_____
2.3. _____	_____
2.4. _____	_____
2.5. _____	_____

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3. Have you been required to submit the EPA Toxic Chemical Release Inventory, Form R?

Yes _____ No _____

4. Has your facility experienced an emergency release of extremely hazardous or hazardous substances within the last 12 months?

Yes _____ No _____

If yes, complete the following:

<u>CHEMICAL</u>	<u>LOCATION</u>	<u>DURATION</u>	<u>QUANTITY-POUNDS</u>
4.1. _____	_____	_____	_____
4.2. _____	_____	_____	_____
4.3. _____	_____	_____	_____
4.4. _____	_____	_____	_____

5. Does your facility participate with the Local Emergency Planning Committee (LEPC)?

Yes _____ No _____

6. Does your facility have a spill control plan for hazardous materials?

Yes _____ No _____

7. Does your facility have a spill control team in accordance with Occupational Safety and Health Administration (OSHA) Title 29 Code of Federal Regulations (CFR) 1910.120?

Yes _____ No _____

7.1 If the response to question 7 is yes, have the members of the team received training and medical surveillance in accordance with 29 CFR 1910.120?

Yes _____ No _____

8. Is the spill control team:

8.1. Contractor Operated? Yes _____ No _____

8.2. Facility Operated? Yes _____ No _____

8.3. Both Contractor and Facility Operated? Yes _____ No _____

9. Date last chemical inventory of your facility was conducted: _____

10. Do you have active incinerator(s)?

Yes _____ # _____ No _____

List the category(s) of waste incinerated i.e., regulated medical waste, general waste, hazardous waste, radioactive waste, etc.

10.1. _____

10.2. _____

10.3. _____

10.4. _____

11. Does your facility have a written waste minimization program as required by the Resource Conservation and Recovery Act?

Yes _____ No _____

12. Do you have a solvent recovery program?

Yes _____ No _____

If yes, List the solvents in the program:

12.1. _____

12.2. _____

12.3. _____

12.4. _____

13. What percentage of hazardous waste does your research department contribute to the total annual waste stream as computed from your hazardous manifest?

_____ %

14. How many pounds of Ethelene Oxide (EtO) were used at your facility in FY 1999?

Pounds _____

15. Do you have a written facility Pollution Prevention Plan which meets state requirements?

Yes _____ No _____

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16. Do you have a written agreement with your Publicly Owned Treatment Works (POTW) in accordance with 40 CFR 261 and 40 CFR 403.12 (p)?

Yes _____ No _____

17. Does your facility have certified equipment for chloroflouro carbon (CFC) recovery?

Yes _____ No _____

18. Does your facility have a trained and licensed operator for CFC recovery?

Yes _____ No _____

19. Does your facility have a fixed pipe Halon fire extinguishing system?

Yes _____ No _____

19.1. If yes, how many pounds of Halon remain in your system?

Pounds _____

19.2. If yes, have you initiated a project for removal?

Yes _____ No _____

19.3. If yes, what is the projected completion date?

Date _____

20. Does your facility have portable Halon fire extinguishers?

Yes _____ No _____

If yes, what is your phase out date? _____

21. How many pounds of hazardous waste (excluding radioactive waste) were shipped from your facility in FY 1999 as determined from your hazardous waste manifests, and what was the cost?

Total Pounds _____ Total Cost \$ _____

22. What was the cost of asbestos removal and/or disposal at your facility in FY 1999? **NOTE:** *Exclude Full-time Employee Equivalent (FTEE) cost unless removed by in-house asbestos management.*

Cost \$ _____

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ATTACHMENT C

FORMAT C - RADIOACTIVE WASTE

Preparer's Name: _____

Title: _____

Service: _____

Phone Number: _____ FAX #: _____

Station Number: _____ VISN Number: _____

NOTE: If additional pages are required to fully list, explain, or complete any portion of this attachment, include the Format heading and question or subpart number on each page.

Questions regarding the Fiscal Year (FY) 1999 data to be reported in Format C, may be referred to Michael Simmons, Health Physicist, National Health Physics Program, Puget Sound Health Care System, Phone (206) 768-5311, Fax (206) 768-5322. Report radioactive waste production, treatment or disposal information in the spaces provided. NOTE: Costs must not include Full-time Employee Equivalent (FTEE) charges.

Report all volumes in cubic feet (ft³). Useful conversion factors:

28.32 liters = 1 ft³0.1337 ft³ = 1 gallon

0.2642 gallon = 1 liter

1. It is important to determine the amount of radioactive waste generated at your facility for cost analysis purposes. Please indicate the amount of radioactive waste produced at your facility during FY 1999 for each category. Responses must be accurate.

1.1. Dry solid _____ ft³1.2. Biological waste, e.g., carcasses _____ ft³1.3. Absorbed _____ ft³

1.4. Scintillation vials _____

1.5. Bulk aqueous liquids _____ ft³1.6. Regulated _____ ft³ exempt _____ ft³

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1.7. Other _____ ft³

Mixed hazardous (solvents, uranyl nitrate, uranyl acetate, etc.) _____ ft³

_____ ft³

_____ ft³

2. Indicate any on-site treatment methods used to remediate radioactive wastes.

2.1. ____ Decay-in-storage (longest isotope half-life allowed by license: ____ days)

2.2. ____ Sewer releases

2.3. ____ Incineration

2.4. ____ Compaction

2.5. ____ Solidification

2.6. Describe any method not listed in the preceding that is used by your facility for on-site radioactive waste processing:

NOTE: The information from the following will be used to determine fixed versus variable waste removal costs. Indicate all costs associated with facility radioactive waste removal services.

3. Total Cost for FY 1999 Radioactive Waste Removal.

\$ _____

3.1. Are these costs estimated?

Yes ____ No ____

4. Indicate annual Nuclear Repository Site Use Permit Fee amount: \$ _____

Site used: _____

5. Indicate any other regulatory annual fees associated with radioactive waste disposal:

5.1. \$ _____ for: _____

5.2. \$ _____ for: _____

5.3. \$ _____ for: _____

6. Do you use the services of a waste broker?

Yes _____ No _____

7. Do you transfer radioactive waste to an affiliate university?

Yes _____ Volume transferred _____ No _____

7.1. Waste type(s) transferred:

8. List any other off-station treatment options and/or methods (transfer to Department of Energy (DOE), Department of Defense (DOD), incineration, etc.):

9. Is there a written policy for radioactive waste handling/processing/storage/shipping?

Yes _____ No _____

10. Is there a written local procedure for radioactive waste transfers to an affiliate institution?

Yes _____ No _____

11. For which departments within your facility are the radioactive waste policies and procedures written (e.g., Research and Development (R&D), Nuclear Medicine, Environmental Management, etc.)?

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12. Indicate the FY 1999 costs to your facility for radioactive waste removal services, and the associated volumes of removed waste:

WASTE TYPE	BROKER PROCESSING FEE	BROKER TRANSPORT COST	BURIAL COST	TOTAL COST
.1 DRY SOLID FT3.	\$	\$	\$	\$
.2 ABSORBED LIQUIDS FT3.	\$	\$	\$	\$
ANIMAL FT3.	\$	\$	\$	\$
.3 MIXED HAZARDOUS (SOLVENTS, URANYL NITRATE, ETC.) FT3.	\$	\$	\$	\$
.4 NORM WASTE FT3.	\$	\$	\$	\$
.5 AQUEOUS LIQUIDS FT3.	\$	\$	\$	\$
.6 EXEMPT SCINTILLATION VIALS FT3.	\$	\$	\$	\$
.7 REGULATED SCINTILLATION VIALS FT3.	\$	\$	\$	\$
.8 OTHER (SEALED SOURCES, ETC., SPECIFY)	\$	\$	\$	\$

ATTACHMENT D

FORMAT D – RECYCLED MATERIALS

Preparer's Name: _____

Title: _____

Service: _____

Phone Number: _____ FAX #: _____

Station Number: _____ VISN Number: _____

***NOTE:** If additional pages are required to fully list, explain, or complete any portion of this attachment, include the Format heading and question or subpart number on each page.*

Questions regarding the Fiscal Year (FY) 1999 data to be reported in Format D, may be referred to Kenneth Demers, Environmental Care Specialist, VA Medical Center Lexington, KY, Phone (700) 352-4908, Fax (700) 352-4970; or David Maine, Environmental Care Specialist, VA Medical Center, Bedford, PA, Phone (781) 687-2618, Fax (781) 687-2445.

1. Please indicate the FY 1999 items recycled by total pounds and proceeds (+) or cost (-) associated with each item.

<u>ITEM</u>	<u>COMPONENTS</u>	<u>PROCEEDS(+)/ COST(-)</u>	<u>POUNDS RECYCLED</u>
1.1. Wood:	Pallets, wood furniture, crates and lumber.	_____	_____
1.2. Corrugated:	Heavy cardboard.	_____	_____
1.3. White paper:	White office and computer paper.	_____	_____
1.4. Commingled paper:	All other paper, newspaper, magazines and light cardboard.	_____	_____
1.5. Glass:	All glass containers; flint is clear, amber is brown and emerald is green. Include all flat glass, e.g., window panes and plate glass.	_____	_____

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<u>ITEM</u>	<u>COMPONENTS</u>	<u>PROCEEDS(+)/ COST(-)</u>	<u>POUNDS RECYCLED</u>
1.6. Metal:	Ferrous (steel, cast iron, tin) non-ferrous (aluminum, brass, copper, lead and appliances).	_____	_____
1.7. Plastics:	#1 PET, #2 HDPE, #3 PVC, #4LDPE, #5PP, #6 PSS, #7 Other.	_____	_____
1.8. Rubber:	All rubber products and tires.	_____	_____
1.9. Batteries:	All auto (lead acid) and all other (dry cell, mercury, lead, cadmium) batteries.	_____	_____
1.10. Silver:	From the Facility Silver Reclamation Program.	_____	_____
1.11. Motor oil:	Report used oil in gallons.	_____	_____
1.12. Fats and consumable foods:		_____	_____
1.13. Compost:	Yard and non-fat food waste items (report in cubic yards).	_____	_____
1.14. Fluorescent lamps and ballast:	Report in pounds, include "U" tubes and other non-linear bulbs.	_____	_____
1.15. Textiles:	Mattresses and all by-product materials from the cotton, fiber, textiles and apparel industries.	_____	_____
1.16. Construction debris:	Asphalt, bricks, concrete wall coverings, drywall, plumbing fixtures, insulation, roofing materials, glass, metal, wood, and electrical wires.	_____	_____

<u>ITEM</u>	<u>COMPONENTS</u>	<u>PROCEEDS (+)/ COST (-)</u>	<u>POUNDS RECYCLED</u>
1.17. Deposit containers:	Any container with deposit value.	_____	_____
1.18. Miscellaneous:	Include computer equipment, packing material, etc.	_____	_____
1.19. Additional comments:	_____ _____ _____ _____ _____		
2. Is there an active recycling program for residential housing in place?			
Yes _____ No _____ N/A _____			
3. What was the total dollar value of revenues for recyclables in FY 1999?			
\$ _____			
4. How were those revenues identified and utilized?			
_____ _____ _____ _____ _____ _____			

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5. Provide implementation and recurring costs for FY 1999 initiatives (for example, Action: Purchased a cardboard bailer; implementation Cost \$6,000; Annual recurring cost: \$100).

<u>ACTION</u>	<u>IMPLEMENTATION COST</u>	<u>RECURRING COST</u>
5.1. _____	_____	_____
5.2. _____	_____	_____
5.3. _____	_____	_____
5.4. _____	_____	_____

6. Does your facility have a designated "Recycling Coordinator"?

Yes _____ No _____

6.1 If yes, provide the following information:

Coordinator's Name: _____

Title: _____

Organization: _____

Phone Number: _____ FAX #: _____

6.2. Percentage of work-year this person devotes to recycling program activities:

_____ %

7. Provide your facility's estimated cost avoidance in FY 1999 by activity: (i.e., decreased trash pulls, reusable, etc.).

<u>ACTIVITY</u>	<u>AVOIDANCE</u>
7.1. _____	\$ _____
7.2. _____	\$ _____
7.3. _____	\$ _____
7.4. _____	\$ _____
TOTAL	\$ _____

8. What percentage of demolition projects managed and/or contracted by your facility included the recovery of construction materials in FY 1999?

_____ %

9. What percentage of your total solid waste was diverted to recycling in FY 1999?

_____ %

10. Indicate solid waste prevention efforts for facilities for which your agency is responsible.

11. Did you institute new solid waste prevention practices in FY 1999?

Yes _____ No _____

11.1. If yes, provide an explanation of those practices.

11.2. If no, provide an explanation of why not.

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ATTACHMENT E

FORMAT E - PROCUREMENT OF RECYCLED PRODUCTS

Preparer's Name: _____

Title: _____

Service: _____

Phone Number: _____ FAX #: _____

Station Number: _____ VISN Number: _____

NOTE: If additional pages are required to fully list, explain, or complete any portion of this attachment, include the Format heading and question or subpart number on each page.

Questions regarding the Fiscal Year (FY) 1999 data to be reported in Format E may be referred to Darrel Moore, Operations Manager, Operations Service Line, VA Medical Center Dublin, GA, -Phone (912) 277-2756, Fax (912) 277-2757.

1. Cement and Concrete

1.1. Total dollar amount of cement purchased by your facility in FY 1999.

1.1.1. Without fly ash or slag \$_____ and in _____ cubic yards.

1.1.2. With fly ash or slag \$_____ and in _____ cubic yards.

1.2. Total dollar amount of concrete purchased by your facility in FY 1999.

1.2.1. Without fly ash or slag \$_____ and in _____ cubic yards.

1.2.2. With fly ash or slag \$_____ and in _____ cubic yards.

1.3. Were there technical impediments to increasing the amount of concrete and cement containing fly ash and granulated blast furnace slag purchased by your agency in FY 1999?

Yes _____ No _____

If yes, provide an explanation of the technical impediment.

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NOTE: As a "Heads Up," incorporation of the total number of contracts for construction and purchase of cement and concrete with fly ash or slag and without fly ash or slag may be included in FY 2000 reporting requirements.

2. Paper and Paper Products. General Services Administration (GSA) and the Government printing Office (GPO) will provide data for agencies' purchases of paper products made through their retail and wholesale stock program. **NOTE:** Provide amounts for facility purchases from any other source.

2.1. Total dollar amount of paper and paper products purchased by your facility in FY 1999.

\$ _____

2.2. Total dollar amount of paper and paper products containing recycled material purchased by your facility in FY 1999.

\$ _____

3. Motor Vehicle Lubricating Oils. The Defense Logistics Agency (DLA) will provide data for agencies' purchases of paper products made through their retail and wholesale stock program. **NOTE:** Provide amounts for agency purchases from any other sources.

3.1. Total dollar amount of motor vehicle lubricating oils purchased by your facility in FY 1999.

NOTE: If vehicle maintenance is accomplished through service contracts that include a standard price for vehicle servicing, report the total number of servicing(s) rather than the dollar value.

\$ _____

3.2. Total dollar amount of motor vehicle lubricating oils containing re-refined oil purchased by your facility in FY 1999. **NOTE:** If vehicle maintenance is accomplished through service contracts that include a standard price for vehicle servicing, report the total number of services where the vehicle was serviced with re-refined oil rather than the dollar value.

\$ _____

3.3. Were there any technical impediments to increasing the amount of motor vehicle lubricating oils containing re-refined oil purchased by your facility in FY 1999?

Yes _____ No _____

If yes, provide an explanation of the technical impediment.

4. Retread Tires. Refer to the Federal Supply Schedule for Pneumatic Tires, Federal Supply Class (FSC) Group 26, Part II, Section A for included items. **NOTE:** *Do not include exempt tires. The dollar amount and number of tires should only include those tire categories that are included in the Comprehensive Procurement Guidelines.*

4.1. Total dollar amount of tires purchased by your facility in FY 1999.

\$ _____

4.2. Total number of tires purchased by your facility in FY 1999.

4.3 Total dollar amount of retread tires purchased by your facility in FY 1999.

\$ _____

4.4 Total number of retread tires purchased by your facility in FY 1999.

4.5. Were there any technical impediments to increasing the amount of retread tires purchased by your facility in FY 1999?

Yes _____ No _____

If yes, provide an explanation for the technical impediment.

5. Building Insulation Products

5.1. Total dollar amount of building insulation products purchased by your facility in FY 1999.

\$ _____

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5.2. Total dollar amount of building insulation products containing recycled material purchased by your facility in FY 1999.

\$ _____

5.3. Were there any technical impediments to increasing the amount of building insulation products containing recycled materials purchased by your facility in FY 1999?

Yes ____ No ____

If yes, provide an explanation of the technical impediment.

NOTE: As a "Heads Up," incorporation of the total number of contracts for construction and purchase of building insulation products and building insulation products containing recycled materials may be included in FY 2000 reporting requirements.

6. Engine Coolants

6.1 For agencies that maintain fleet maintenance facilities, how many fleet maintenance facilities do you operate?

Number _____

6.1. How many vehicles are maintained?

Number _____

6.3 Does your facility own and operate anti-freeze recycling equipment?

Yes ____ No ____

7. Structural Fiberboard and Laminated Paperboard

7.1. Total dollar amount of structural fiberboard and laminated paperboard purchased by your facility in FY 1999.

\$ _____

7.2. Total dollar amount of structural fiberboard and laminated paperboard containing recycled materials purchased by your facility in FY 1999.

\$ _____

7.3. Were there technical impediments to increasing the amount of recycled materials for

Yes _____ No _____

If yes please provide an explanation of technical impediment.

8. Traffic Cones and Barricades

8.1 Total dollar amount of traffic cones and traffic barricades purchased by you facility in FY 1999.

\$ _____

8.2. Total dollar amount of traffic cones and traffic barricades with recycled content purchased by you facility in FY 1999.

\$ _____

9. Plastic Desktop Accessories. GSA will provide data for facilities purchases of desktop accessories and plastic desktop accessories. **NOTE:** *Provide amounts for facility purchases from any other sources.*

9.1. Total dollar amount of desktop accessories purchased by your facility in FY 1999.

\$ _____

9.2. Total dollar amount of recycled content plastic desktop accessories purchased by your facility in FY 1999.

\$ _____

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10. Toner Cartridges. GSA and DLA will provide data for agencies' purchases of toner cartridges and recycled toner cartridges. ***NOTE:** Provide amounts for facility purchases from any other sources.*

10.1 Total dollar amount of toner cartridges purchased by your facility in FY 1999.

\$ _____

10.2 Total dollar amount of recycled toner cartridges purchased by your facility in FY 1999.

\$ _____

11. Binders (chipboard and plastic covered, not cloth). GSA will provide data for agencies' purchases of binders and chipboard and plastic covered binders. ***NOTE:** Provide amounts for facility purchases from any other sources.*

11.1. Total dollar amount of binders purchased by your facility in FY 1999.

\$ _____

***NOTE:** As a "Heads Up," incorporation of the total number of contracts for construction and purchase of structural fiberboard and laminated paperboard and total number of contracts for construction and purchase of structural fiberboard and laminated paperboard containing recycled content material, may be included in FY 2000 reporting requirements.*

12. General

12.1. Does your facility have a policy to remove the requirements for virgin materials and add preference for recovered materials to these service contracts, i.e., including the use of re-refined oil in your vehicle service contracts?

Yes _____ No _____

12.2. Does your facility have written goals to facilitate achieving established agency goals identified in E.O. 13101 dated September 14, 1998?

Yes _____ No _____

13. Environmentally Preferable Items. Provide any pertinent information to demonstrate your facility's compliance and commitment to purchase the following items in dollars spent or number of contracts.

<u>DOLLARS</u> <u>SPENT</u>	<u>NUMBER OF</u> <u>CONTRACTS</u>
--	--

13.1. Carpet (low and medium wear polyester fiber only) _____

13.2. Floor tiles (rubber or plastic only)	_____	_____
13.3. Patio blocks (rubber or plastic only)	_____	_____
13.4. Playground surfaces and running tracks (rubber and plastic only)	_____	_____
13.5. Hydraulic mulch (paper and/or wood-based material used for hydroseeding and overspray)	_____	_____
13.6. Compost (yard trimmings)	_____	_____
13.7. Office recycling and waste containers (plastic, paper, steel)	_____	_____
13.8. Plastic trash bags	_____	_____

Provide information on new policies issued; pilot projects, etc., related to these seven products.

[illegible]